

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/462517
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2	/	/					52	
3	/						53	
4	/	/					54	
5	/	/					55	
6	/						56	
7	/	/					57	
8	/	/					58	
9	/	/					59	
10	/	/					60	
11	/	/					61	
12	/	/					62	
13	/	/					63	
14	/	/					64	
15	/	/					65	
16	/	/					66	
17	/	/					67	
18	/	/					68	
19	/	/					69	
20	/	/					70	
21	/	/					71	
22	/	/					72	
23	/	/					73	
24	/	/					74	
25	/	/					75	
26	/	/					76	
27	/	/					77	
28	/	/					78	
29	/	/					79	
30	/	/					80	
31	/	/					81	
32	/	/					82	
33	/	/					83	
34	/	/					84	
35	/	/					85	
36	/	/					86	
37	/	/					87	
38	/	/					88	
39	/	/					89	
40	/	/					90	
41	/	/					91	
42	/	/					92	
43	/	/					93	
44	/	/					94	
45	/	/					95	
46	/	/					96	
47	/	/					97	
48	/	/					98	
49	/	/					99	
50	/	/					100	
TOTAL IND.	18						TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	